

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10596603</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓				51						
2		✓		✓			52						
3		✓		✓			53						
4		✓		✓			54						
5		✓		✓			55						
6		✓		✓			56						
7		✓		✓			57						
8		✓		✓			58						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12	↓	10	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		11	8	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	12		10				TOTAL CLAIMS						